

NAME OF SUGGESTER(S) <i>(last, first, mi. i.)</i>	POSITION TITLE & GRADE <i>(or military rank/rate)</i>	SOCIAL SECURITY NO.
ORGANIZATION <i>(Specify activity, ship, command, bureau or office)</i>	ORGANIZATION SUBDIVISION <i>(Dept., Div., Sect., Unit or Shop)</i>	PHONE
<i>I (WE) UNDERSTAND that the acceptance of a cash award for the use of this suggestion by the United States Government shall not form the basis of a further claim of any nature upon the United States by me (us), my (our) heirs, or assigns.</i>		DO NOT WRITE IN THIS SPACE
		DATE RECEIVED
SIGNATURE AND DATE	SIGNATURE AND DATE	SUGGESTION NUMBER
TITLE OF SUGGESTION		

Describe in three separate paragraphs (1) the problem, difficulty, or circumstances that prompted you to submit this suggestion; (2) the suggested change; (3) where and how it can be used, what it will accomplish, and how it will benefit the Navy/Government - in terms of tangible savings, if possible.

Note - If you need more space, continue on separate sheet.